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Weekly Bulletin



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GUY P. JONES
EDITOR

**Palo Alto Makes
Another Health Record.**

The Palo Alto Health Department, Louis Olsen, city health officer, has issued its annual report for the calendar year 1923.

The report shows that the death rate in Palo Alto from preventable causes was 1.8 for the year 1923, which is the lowest mark that has been reached since 1917. Children absent from Palo Alto schools for more than two days are required to obtain a permit from the health officer before returning. This regulation is effective in the control of communicable diseases. There were but three cases of diphtheria in Palo Alto during the year. In spite of the low incidence of diphtheria a plan for carrying on diphtheria immunization is being undertaken.

An interesting statement in the report is that out of 75 deaths 20 were in persons over 80 years of age. Thirty-two, or 42.7 per cent of the deaths, were in persons over 70 years of age.

The appropriation for the Palo Alto Health Department during the fiscal year, July 1, 1923, to June 30, 1924, was \$8,180. This represents a per capita expenditure of \$1.14 for public health. The per capita expenditure for fire protection during the same period was \$1.81. Police protection was \$2.96 per capita. The staff of the Palo Alto Health Department consists of the health officer, dairy inspector, nurse, stenographer and a part-

time bacteriologist. Another inspector has been added to this staff to make general sanitary inspections.

Mr. Olsen, in the final paragraph of his report, recognizes the commendable support of the citizens of Palo Alto in the maintenance of its health department, which gives Palo Alto a reputation as one of the most healthful cities in California. Mr. Olsen's statement reads as follows:

"It is a recognized fact that a city gets just the degree of public health that it is willing to pay for. That the council of the city of Palo Alto desires adequate health protection for its citizens is evidenced by the fact that the necessary appropriations are made each year and that whenever it has been shown that an expenditure is necessary the funds have always been forthcoming."



**Japanese Immunized
Against Typhoid Fever.**

Several hundred Japanese living in the San Joaquin Delta region, where typhoid fever has been exceptionally prevalent, have been given immunization against typhoid. The cooperation with land workers and health officials is excellent. The Japanese are assisting willingly in the work, practically every Japanese visited having started the immunization. Since the Japanese constitute more than three-fourths of the population in the delta region, the program is sure to be effective. Circulars and newspapers printed in the Japanese language have been effective in the campaign.

Issues Report on Sanitary**Drinking Fountains.**

The American Water Works Association recently appointed a committee on sanitary drinking fountains, which has recently issued its report. It has been recognized for several years that in many of the so-called sanitary drinking fountains, little attention has been paid to the sanitary features of such devices. Many types of fountains are potentially dangerous in the transmission of infectious diseases, and may be just as dangerous from a public health point of view as the forbidden common drinking cup.

The report of the Iowa section of the American Water Works Association, covering an investigation into sanitary drinking fountains, represents the best type of recommendations that have been made in this matter, according to the committee. The conclusions of the Iowa section are as follows:

- "1. All types of drinking fountains with vertical jets are to be condemned.
2. Most types of drinking fountains with slanting jets are to be condemned.
3. To be sanitary, drinking fountains should conform to the following specifications:
 - (a) The jets shall be slanting.
 - (b) The orifices of the jets shall be protected in such a manner that they can not be touched by fingers or lips, or be contaminated by droppings from the mouth, or by splashing from basins beneath the orifices.
 - (c) The guards of the orifices shall be so made that infectious material from the mouth can not be deposited upon them.
 - (d) All fountains shall be so designed that their proper use is self-evident."

The general committee of the American Water Works Association, as a result of their study of sanitary drinking fountains, made the following conclusions and recommendations:

"Conclusions.

1. Infections may be transmitted from one person to another from sanitary drinking fountains of the bubbling type with underdraining reservoir, or fountains that permit the mouth or hands to come in contact with the surface of the jet.
2. The manufacturers of sanitary fountains as a body do not realize the sanitary significance of the apparatus.
3. Laws on the statute books of many states are not enforced.

Recommendations.

1. The Association should adopt the specifications for sanitary drinking fountains recommended by the Iowa Section, October 23, 1919.
2. All sanitary drinking fountains installed in public places should be of the standard design as set forth herein, or of such a design as to fulfill the sanitary requirements made necessary by the improved type.
3. Legislative regulations in all states, where these are not now in force, should specify the type of sanitary fountain to be permitted.
4. Copies of this report should be sent to technical papers, having a circulation among manufacturers of drinking fountains, requesting that the report be published in full.
5. There should be stricter supervision by health authorities of the type of sanitary fountains installed in new buildings and condemnation of the types considered insanitary."

**People Are Interested
in Life Not in Death.**

At a meeting of the advisory council of the Milbank Memorial Fund, held in New York City, Dr. Haven Emerson, professor of public health administration of the Columbia University, made an interesting statement concerning the public interest in health. He said:

"We in the medical profession are nowadays getting far enough away from disease to think in terms of the preponderating group of healthy persons and to bend our efforts to make life consciously, instead of accidentally, successful for them. It is not death rates, but health rates, that we are concerned with. Nobody is really interested in death rates; people are interested in life. We can influence mothers with our education because they are interested in the life of their children. We can interest children because they are intensely interested themselves in whatever happens to their own careers. We can teach the sick when they are sick, we can teach communities when they have contagious diseases, but the average healthy person is not interested in health as long as he has it.

I believe we should estimate the results of the work that is under way not in terms of reduced death rates, reduced sickness, but in the certainty and continuity of family life. We see now, it seems to me, the family and the maturing child as our goal."

**San Diego Opens
Free Vaccination Clinic.**

The San Diego city health department has established a free vaccination clinic for all citizens who desire to secure the protection accorded by vaccination against smallpox. A large number of children have been vaccinated.

Cross-Connections and Typhoid Again.

Relatives, heirs and administrators of estates of typhoid victims in Fort Wayne, Ind., are suing the city and the Pennsylvania Railroad for money damages. About \$65,000 is the aggregate sum asked for. Chances for collection are, perhaps, better than they would be in Chicago, since \$50,000 was paid out seventeen years ago in Fort Wayne in similar cases. The allegations in the present complaints set out that the city permitted the railroad company to connect its private water mains with those of the city, and that a faulty valve permitted the polluted river water to enter the city mains.

More than 150 cases and 22 deaths from typhoid occurred from an explosive outbreak last November and early December. The cases were confined to a small area near the Pennsylvania Railroad yards. Whether or not the gate valves either side of the check were found open or the check valve faulty is beside the point. The connection was certainly made to be used and the danger therefrom was potential. The victims have not died in vain nor the patients who got well suffered without result, for the State Board of Health, January 9, adopted a rule prohibiting such connections after June 1, "regardless of whatever mechanical or supervisory safeguards may be adopted." Promulgation of a rule by the State Board of Health in Indiana has the force of law and carries the penalties already defined by law.

So much for Indiana, but while we write comes a report from the Wisconsin State Board of Health for the last quarter of 1923 in which a typhoid epidemic in a factory in Wausau was traced to the same vicious cross-connection practice. In 1920 the Wisconsin officials recommended the elimination of this very connection. Although the report states that similar outbreaks have occurred on numerous occasions in Wisconsin, only a moderate scolding is given to other factory owners whose building safety is placed above human life. Apparently the Wisconsin law lacks teeth. The admonition is as follows: "It therefore behooves public water-supply officials to see that all such connections are entirely eliminated or properly protected by double check valves of a type approved by the State Board of Health."

Substantial backing has been given to the Indiana officials by the insurance interests, who hold that no rate reduc-

tions can be given factories through law violations.

Just how close the Chicago epidemic in November—due in all probability to direct contamination (Lake Michigan acting as the cross-connection or mixing vat)—comes to criminal negligence, the courts would soon determine should some one of the heirs of the sixteen Chicago victims press the matter. From the scientific standpoint, the negligence consists largely in not knowing enough about the supply analytically to apply the necessary amount of germicide. This phase of negligence has been guarded against by the employment of a sanitary engineer whose sole business it is to ascertain bacterial content, interpret results, and then see that orders regulating chlorine dosage are carried out. Responsibility is still so much divided between different officials in Chicago that the old army game of "passing the buck" would be indulged in to the limit should heirs of future epidemics, predicted by the health authorities, attempt to fix legal responsibility for death. One might almost infer that the divided-responsibility condition has been maintained as the safest way to guard the taxpayer's money from the results of damage suits.

When the Bloomington cross-connection case came up it was stated editorially that there was no need to look in the news columns for any further account. Just so in the Indiana and Wisconsin cases. Further details are so simple and usual as to be entirely unnecessary.

Hartford and Stamford, Conn.; Lowell and Springfield, Mass.; Philadelphia and Cleveland; Terre Haute, Ind., and St. Paul, Minn., all prohibit the cross-connection menace. The Minnesota State Board of Health does not permit any cross-connection and the Illinois State Board of Health prohibits new ones. The remedy for the cross-connection nuisance needs for description but three good old Anglo-Saxon words, "Cut it out."—*Engineering News-Record*, Feb. 28, 1924.

MORBIDITY.*

Diphtheria.

251 cases of diphtheria have been reported, as follows: Los Angeles 68, Oakland 31, San Francisco 38, Los Angeles County 15, Berkeley 7, Pasadena 8, Sacramento 12, Glendale 7, Long Beach 5, San Gabriel 1, LaVerne 2, Compton 1, Santa Rosa 1, Redondo 1, Santa Paula 1, Burbank 3, San Bernardino 1, Stockton 4, Mendocino County 1, Monterey County 1, Hanford 1, Santa Cruz County 2, Orange County 1, Fresno 4, Kern County 1, Alameda 3, Culver City 1, Glendale 2, Modesto 3, Hawthorne 1, Bakersfield 3, Sacramento County 1, Lassen County 1, Alhambra 1, El Monte 1, Chico 1, San Luis Obispo County 1, Santa

*From reports received on March 10 and 11 for week ending March 8.

Clara 2, Burlingame 1, Holtville 2, Reedley 1, Marin County 1, Riverside 1, Fresno County 2, Monterey Park 1, Dinuba 2, Santa Ana 2.

Scarlet Fever.

297 cases of scarlet fever have been reported, as follows: San Francisco 28, Los Angeles 82, Oakland 19, Fresno County 19, Los Angeles County 24, Holtville 6, Kern County 11, Berkeley 6, Fresno 11, Taft 8, Huntington Park 6, Orange County 5, Alameda 4, Solano County 1, Vallejo 4, Sausalito 1, Reedley 2, Riverside 3, Santa Monica 1, Sacramento 2, South Gate 1, Manhattan Beach 1, Pomona 2, Chico 4, Pasadena 4, Glendale 2, Bakersfield 1, LaVerne 4, Glendora 1, Whittier 1, Monterey County 1, Long Beach 4, Merced County 1, Santa Cruz 1, Livermore 1, Santa Paula 1, San Joaquin County 7, Benicia 1, Stockton 3, Tracy 1, Hollister 1, San Bernardino 1, South San Francisco 1, El Dorado County 1, Inyo County 1, Madera 1, Madera County 1, Chino 2, Alameda County 1, Monterey Park 1, Santa Ana 1.

Measles.

1395 cases of measles have been reported, as follows: San Francisco 119, Los Angeles 300, Pasadena 128, Fresno 90, Riverside 132, Los Angeles County 71, Berkeley 72, Fresno County 68, Sacramento 8, Glendale 25, Kern County 8, Pomona 9, Santa Clara County 6, Visalia 27, Oakland 42, Lemoore 24, Santa Monica 5, Alameda County 7, Colusa County 12, Lindsay 7, Bakersfield 10, Alameda 6, Colusa 36, Glendora 20, Eureka 5, Burbank 5, Merced County 5, Calxico 14, Napa 14, San Bernardino 11, Long Beach 20, Monterey Park 11, Selma 1, Corning 2, Mill Valley 1, Chino 5, San Luis Obispo County 6, Orange County 1, Butte County 4, Santa Maria 1, Napa County 1, Watsonville 3, San Joaquin County 5, Lincoln 1, Lake County 3, South San Francisco 1, Palo Alto 1, Compton 2, Richmond 1, Imperial 4, Calaveras County 3, Santa Clara 1, Daly City 1, Kennett 3, Alhambra 2, Tulare

County 6, Lassen County 2, Modesto 3, San Luis Obispo 1, Paso Robles 2, Taft 4, San Gabriel 1, Ontario 3, Trinity County 1, Anaheim 1, Selma 1.

Smallpox.

247 cases of smallpox have been reported, as follows: Los Angeles 81, Los Angeles County 42, Long Beach 28, Compton 12, Huntington Park 7, San Bernardino 13, Orange County 7, Chino 5, Watts 7, Santa Ana 10, Santa Monica 3, San Luis Obispo County 4, Oakland 1, Pasadena 3, Pomona 2, South Gate 1, Glendale 1, Sacramento 1, Hawthorne 1, Taft 3, Newport Beach 1, Tulare County 1, El Segundo 2, Bakersfield 1, Hermosa Beach 4, Lemoore 1, Redlands 1, Madera County 1, San Francisco 1, Ontario 2.

Typhoid Fever.

78 cases of typhoid fever have been reported, as follows: Santa Ana 66, Berkeley 5, Los Angeles 1, Pasadena 2, Long Beach 1, Sacramento 1, Orange County 2.

Whooping Cough.

58 cases of whooping cough have been reported, as follows: Santa Ana 12, Los Angeles 13, San Francisco 1, Alameda 6, Los Angeles County 5, Hermosa 6, Oakland 2, Berkeley 1, Pasadena 3, Long Beach 3, Hayward 2, El Segundo 2, San Joaquin County 1, Monterey County 1.

Cerebrospinal Meningitis.

3 cases of cerebrospinal meningitis have been reported, 2 being from San Francisco and 1 from Kern County.

Poliomyelitis.

2 cases of poliomyelitis have been reported, 1 from Redlands and 1 from Los Angeles.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, San Francisco reporting 1 and Los Angeles reporting 1.

COMMUNICABLE DISEASE REPORTS.

DISEASE	1924				1923			
	Week ending			Reports for week ending Mar. 8 received by Mar. 11	Week ending			Reports for week ending Mar. 10 received by Mar. 13
	Feb. 16	Feb. 23	Mar. 1		Feb. 17	Feb. 24	Mar. 3	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	3	5	3	2	3	2	3
Chickenpox	483	464	688	382	207	239	296	196
Diphtheria	292	242	281	251	164	170	149	105
Dysentery (Bacillary)	1	1	3	0	1	0	0	0
Epidemic Encephalitis	2	3	3	2	1	4	3	3
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	173	75	103	88	69	68	132	43
Influenza	36	25	49	44	1073	1264	1085	428
Leprosy	0	1	0	0	1	0	0	1
Malaria	1	2	2	0	1	2	1	0
Measles	986	1367	1606	1395	396	489	572	388
Mumps	55	39	90	65	24	11	33	25
Pneumonia	83	61	286	65	105	136	124	89
Poliomyelitis	1	2	0	2	0	1	1	1
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	283	294	289	297	195	214	188	152
Smallpox	295	383	367	247	11	20	23	17
Syphilis	178	106	127	125	74	76	117	50
Tuberculosis	228	169	228	253	129	154	175	89
Typhoid Fever	22	33	29	78	5	5	6	6
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	38	155	105	58	103	116	110	89
Totals	3160	3425	4261	3355	2561	2972	3017	1635